



PTO/SB/21 (09-04) IFW

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/808,774

Filing Date

March 24, 2004

First Named Inventor

Oeda, Takahashi

Art Unit

2162

Examiner Name

Jean M. Corielus

Attorney Docket Number

16869P-009910US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Response to Restriction Requirement |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Return Postcard |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	George B. F. Yee		
Date	January 13, 2006	Reg. No.	37,478

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Cynthia McKinley	Date	January 13, 2006



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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On _____

TOWNSEND and TOWNSEND and CREW LLP

By: _____

PATENT

Docket No.: 16869P-009910US
Client Ref. No.: 349900981US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takahashi Oeda

Application No.: 10/808,774

Filed: March 24, 2004

For: COMPUTER SYSTEM WITH
PLURALITY OF DATABASE
MANAGEMENT SYSTEMS

Examiner: Jean M. Corrielus

Art Unit: 2162

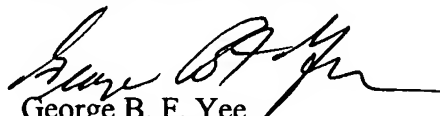
RESPONSE TO RESTRICTION
REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement dated December 16, 2005,
Applicant elects Group I claims 1, 2, and 5-12.

Respectfully submitted,


George B. F. Yee
Reg. No. 37,478

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